

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
FOR USE WITH FORM PTO-87

Serial No. 1000000 Filing Date 10/1/80
Applicant ABC COMPANY

		CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1							51						
2							52						
3							53						
4							54						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	31						TOTAL DEP.						
TOTAL CLAIMS	33						TOTAL CLAIMS						